



STATE OF MARYLAND
STATE LABOR RELATIONS BOARD
UNFAIR LABOR PRACTICE COMPLAINT
(COMAR Section 17.07.05)

45 Calvert Street
ANNAPOLIS, MARYLAND 21401-
1907

Complete Sections 1 through 5. Please type or clearly print.

1. COMPLAINANT (individual/organization filing complaint; please also include full name of labor organization affiliation, if any)

Full Name:

County

Labor Organization Affiliation (if any):

Address of Employer (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone No.

Attorney/Consultant Representing Complainant:

Attorney/Consultant Address (Street and Number, City, State and Zip Code):

Telephone No.

2. RESPONDENT(S) (Public employer and/or employee organization against whom charge is made)

Full Name:

Address of Respondent (Street and Number, City, State and Zip Code):

Name and Title of Representative to Contact:

Telephone Number

Attorney/Consultant Representing Respondent (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.
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3. STATEMENT OF CHARGE (Attach additional sheets if necessary)

(Pursuant to COMAR Section 17.07.05.02(c), please include a clear and concise statement of the facts constituting the alleged prohibited practice, including: (1) the names of the individuals involved in the alleged act; (2) the dates and places of the alleged occurrence(s); and (3) the specific unfair labor practice alleged to have occurred.)

4. REMEDY SOUGHT (State the remedy you request the State Labor Relations Board to order)

5. DECLARATION

Name of Charging Party:

I declare that I have read the above petition and that the information is true to the best of my knowledge and belief.

Signature _____ Date _____